

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004538

Entity Name: RETHOUGHT INSURANCE CORPORATION

Current Principal Place of Business:

11001 W. 120 AVE, SUITE 400
BROOMFIELD, CO 80021

Current Mailing Address:

11001 W. 120 AVE, SUITE 400
BROOMFIELD, CO 80021 US

FEI Number: 82-1608702

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name ISAACSON, CORY
Address 11001 W. 120 AVE, SUITE 400
City-State-Zip: BROOMFIELD CO 80021

Title DVPS
Name LAMPARELLI, NICHOLAS
Address 11001 W. 120 AVE, SUITE 400
City-State-Zip: BROOMFIELD CO 80021

Title T
Name RICE, JAMES
Address 11001 W. 120 AVE, SUITE 400
City-State-Zip: BROOMFIELD CO 80021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES RICE

TREASURER

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date